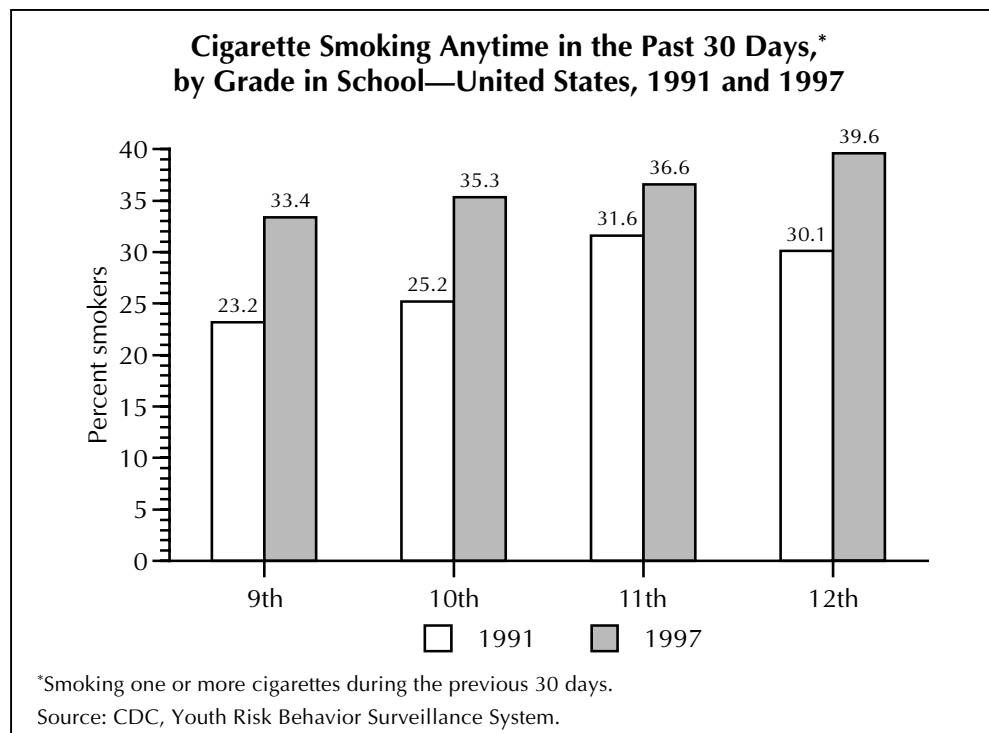


Targeting Tobacco Use: The Nation's Leading Cause of Death

AT-A-GLANCE
2000



"Today, nearly 3,000 young people across our country will begin smoking regularly. Of these 3,000 young people, 1,000 will lose that gamble to the diseases caused by smoking. The net effect of this is that among children living in America today, 5 million will die an early, preventable death because of a decision made as a child."

Donna E. Shalala, PhD
Secretary, U.S. Department of Health and Human Services



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention



Tobacco Use in the United States

An estimated 48 million adults in the United States smoke cigarettes, even though this single behavior will result in death or disability for half of all regular users. Tobacco use is responsible for more than 430,000 deaths each year, or 1 in every 5 deaths. Paralleling this enormous health toll is the economic burden of tobacco use: more than \$50 billion in medical expenditures and another \$50 billion in indirect costs.

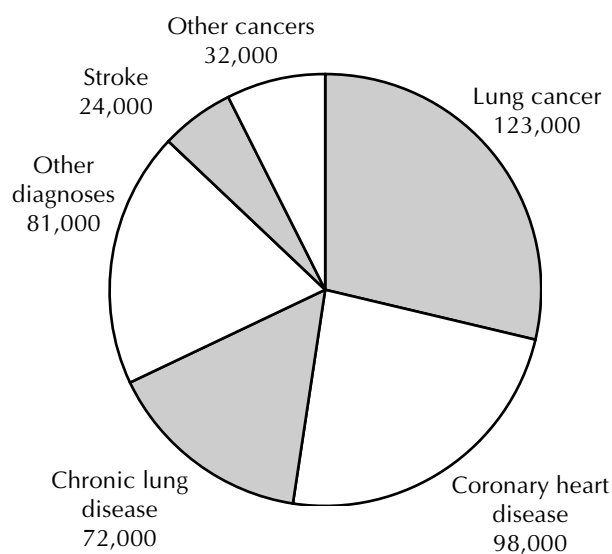
Since the release in 1964 of the first Surgeon General’s report on smoking and health, the scientific knowledge about the health consequences of tobacco use has greatly increased. It is now well documented that smoking can cause chronic lung disease, coronary heart disease, and stroke, as well as cancer of the lungs, larynx, esophagus, mouth, and bladder. In addition, smoking is known to contribute to cancer of the cervix, pancreas, and kidneys. Researchers have identified more than 40 chemicals in tobacco smoke that cause cancer in humans and animals. Smokeless tobacco and cigars also have

Smoking-related illnesses cost the nation more than \$100 billion each year.

deadly consequences, including lung, larynx, esophageal, and oral cancer.

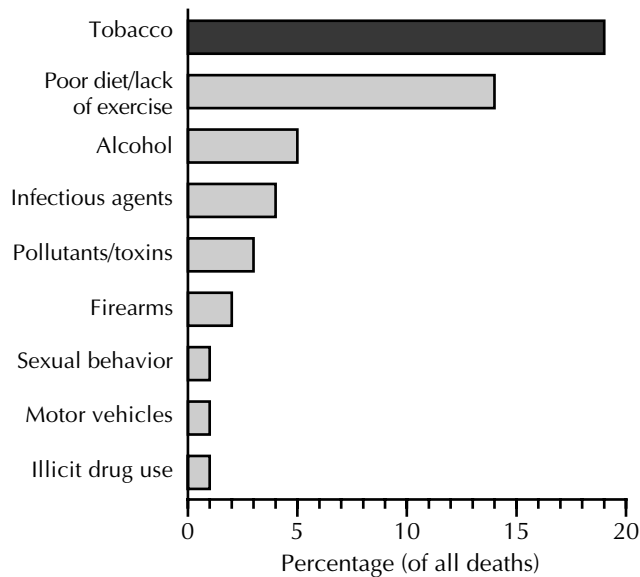
The harmful effects of smoking do not end with the smoker. Women who use tobacco during pregnancy are more likely to have adverse birth outcomes, including babies with low birth weight, which is linked with an increased risk of infant death and with a variety of infant health disorders. The health of nonsmokers is adversely affected by environmental tobacco smoke (ETS). Each year, exposure to ETS causes an estimated 3,000 nonsmoking Americans to die of lung cancer and causes up to 300,000 children to suffer from lower respiratory tract infections. Evidence also indicates that exposure to ETS increases the risk of coronary heart disease.

430,000 U.S. Deaths Attributable Each Year to Cigarette Smoking*



*Average annual number of deaths, 1990–1994.
Source: CDC, *MMWR* 1997;46:448–51.

Actual Causes of Death, United States, 1990*



*The percentages used in this figure are composite approximations derived from published scientific studies that attributed deaths to these causes.
Source: McGinnis JM, Foege WH. Actual causes of death in the United States. *JAMA* 1993;270:2207–12.

A Comprehensive, Broad-Based Approach to Tobacco Control

In the past, helping people quit smoking was the primary focus of efforts to reduce tobacco use. This strategy has been a critical one, since smoking cessation at all ages reduces the risk of premature death. In recent years, the focus of tobacco control has expanded to include strategies to prevent individuals from ever starting to smoke—particularly young people, since the decision to use tobacco is nearly always made in the teenage years, and about one-half of young people who take up smoking continue to use tobacco products as adults. This preventive strategy also includes efforts to protect people from exposure to ETS.

Tobacco use causes about one of every five deaths in the United States and is the single most preventable cause of death and disease in our nation.

A broad-based spectrum of federal, state, and local government agencies, professional and voluntary organizations, and academic institutions have joined together to advance the elements of a comprehensive approach to tobacco use, including

- Eliminating exposure to ETS.
- Preventing initiation among young people.
- Promoting quitting among adults and young people.
- Eliminating disparities among population groups.

This comprehensive approach involves

- State and community interventions.
- Countermarketing.
- Policy and regulation.
- Surveillance and evaluation.

CDC's Tobacco Control Framework

With fiscal year 2000 appropriations of approximately \$98 million, the Centers for Disease Control and Prevention (CDC) provides national leadership for a comprehensive, broad-based approach to preventing tobacco use among young people, promoting smoking cessation, and reducing exposure to ETS. Designed to reach multiple populations, these activities target high-risk groups, such as young people, racial and ethnic minority groups, blue-collar workers, persons with low income, and women.

Building State Capacity

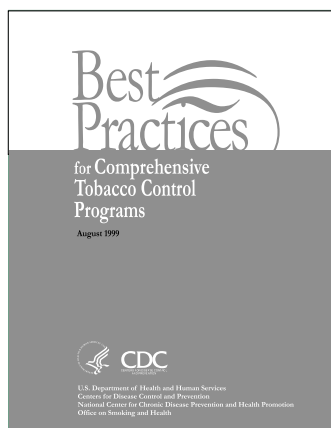
With fiscal year 2000 funds, CDC provides grants and support for preventing and controlling tobacco use in all 50 states, 7 territories, and the District of Columbia. CDC also offers extensive technical assistance and training to states through site visits, workshops, and teleconferences on planning, developing, implementing, and evaluating tobacco control programs.

To help prevent tobacco use at its pivotal point—during adolescence—CDC provides grants to 22 states for coordinated school health programs that include components for preventing tobacco use. Studies have

shown that such programs are particularly effective when coordinated with community efforts, such as by linking school-based efforts with those of local coalitions and with statewide counteradvertising programs. CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction* sets forth school-based strategies most likely to be effective in preventing tobacco use among young people. Further guidance is offered through CDC's Research to Classroom Project, which identifies and helps disseminate successful health curricula for preventing tobacco use and other health risk behaviors.

With current federal resources, states are funded at a level that permits them to address both adult and youth tobacco use, as well as ETS issues, and to strive to extend these programs to reach diverse populations and local communities. Additional support for a nationwide system of tobacco control is becoming available in some states through monies from increased tobacco excise taxes or from legal settlements with the tobacco industry (through individual settlements in four states and a Master Settlement Agreement with the rest).

To guide states in implementing programs proven to prevent and reduce tobacco use, CDC has published *Best Practices for Comprehensive Tobacco Control Programs*. This book provides recommended strategies and state-specific funding levels for effective programs



to prevent and reduce tobacco use, eliminate the public's exposure to ETS, and identify and eliminate disparities related to tobacco use and its effects among different population groups. State-specific guidance is also offered in *State Tobacco Control Highlights 1999*, which compiles key information on tobacco-related state legislation

(including minor's access laws, tobacco excise taxes, advertising regulations, and preemption laws), smoke-free indoor air restrictions, adult and youth prevalence of tobacco use, health impact and medical costs, and economic issues related to tobacco production and sales.

Expanding the Science Base

To strengthen and expand the scientific foundation for preventing and controlling tobacco use, CDC examines trends, patterns, health effects, and the economic costs associated with tobacco use. For example,

- Since 1964, the Surgeon General's reports on the health consequences of tobacco use have documented comprehensive, scientific findings on cigarette smoking and smokeless tobacco use. Recent reports have addressed tobacco use among adolescents and special populations.
- CDC's *Morbidity and Mortality Weekly Report* (MMWR) serves as a major outlet for surveillance data and research findings on tobacco use. Topics include trends in smoking initiation and prevalence among young people and the enactment and status of state laws on tobacco use.
- CDC's *Smoking-Attributable Mortality, Morbidity, and Economic Cost* (SAMMEC) software, a computer program designed to estimate deaths, disease impact, and costs related to smoking, provides essential information to state tobacco control programs and for Surgeon General's reports, MMWR articles, and responses to public inquiries.

- CDC's State Tobacco Activities Tracking and Evaluation (STATE) System is a state-based, comprehensive surveillance system that tracks legislative, programmatic, and epidemiologic data used for reporting on current status and trends of tobacco use. The system, which is available to states via the Internet, answers state-specific queries and generates reports on topic areas of particular interest to individual states. CDC is collaborating with the World Health Organization to create a similar system to support international efforts to reduce tobacco use.
- CDC's air toxicants laboratory is developing and applying laboratory technology to further public health efforts to prevent death and disease resulting from tobacco use and ETS exposure. Specific areas of interest are tobacco additives, toxic chemicals in cigarette smoke, and biological monitoring to assess exposure to harmful substances in tobacco products.



Communicating Information to the Public

CDC serves as a primary resource for tobacco and health information. In this role, CDC develops and distributes important information to the public and to interested groups nationwide. For example,

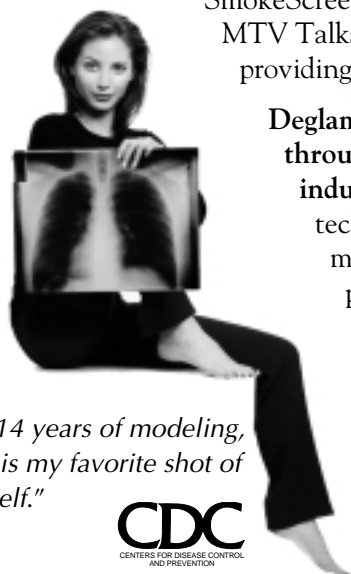
- CDC responds to a diverse audience, receiving more than 70,000 tobacco-related requests annually through a multifaceted information response system. Of these requests, 17,000 are made through the Internet. In the past year, CDC distributed more than 1.5 million publications and other products, including brochures, fact sheets, articles, and video products—many available through a toll-free dissemination service. In addition, CDC provides the public with ready access to tobacco use prevention information and databases through its Web site. During the past year, overall visits to this site doubled to more than 550,000.
- Responding to a call from the Secretary of Health and Human Services, CDC developed the Secretarial Initiative: Reduce Tobacco Use Among Teens and Preteens. Through partnerships with other federal, state, and local agencies, key tobacco

control messages are being communicated through a variety of avenues, including the media, schools, and communities. The following themes are being highlighted:

Promote positive alternatives to tobacco use—through national- and local-level sports activities as well as dance, theater, and art. For example, CDC partnered with the World Health Organization, the President's Council on Physical Fitness and Sports, and U.S. Soccer to promote tobacco-free messages at the 1999 Women's World Cup finals.



Empower young people—through educational programs, such as Research to Classrooms, SmokeScreeners, MediaSharp, and MTV Talks Tobacco, and by providing resources to mentors.



"In 14 years of modeling, this is my favorite shot of myself."



Deglamorize tobacco use through the entertainment industry—by providing technical assistance to movie and television productions, coordinating with producers, directors, and writers, and establishing partnerships with spokespeople, such as cover model Christy Turlington and

popular music group Boyz II Men.

Involve parents and families—through scientifically grounded interventions while offering support and enhancing skills to reduce tobacco use.

Implement paid counteradvertising campaigns—for example, through CDC's Media Campaign Resource Center, which develops,

obtains, and distributes high-quality materials to help states and local programs conduct counteradvertising media campaigns to prevent tobacco use. Materials available include television, radio, magazine, newspaper, and billboard advertisements. The resource center also provides direct technical assistance in conducting counteradvertising campaigns.

Facilitating Action Through Partners

CDC works with state health departments; other federal agencies; professional, voluntary, academic, and medical organizations; and a variety of national and international organizations to ensure the participation of diverse groups and coalitions.

- CDC supports the Interagency Committee on Smoking and Health and cosponsors the annual Tobacco Use Prevention Summer Institute.
- CDC is the lead agency for the Healthy People 2000 and 2010 national objectives on tobacco use. This role includes monitoring the nation's progress toward reaching the year 2000 and 2010 goals for reducing tobacco use. The objectives address youth and adult smoking prevalence, the incidence of tobacco-related diseases, and topics related to cessation treatment, ETS exposure, and state legislation for clean indoor air.
- CDC collaborates with the National Association of County and City Health Officials, the National Association of Local Boards of Health, the National Conference of State Legislatures, the National Governors' Association, the National Association of Attorneys General, and the Association of State and Territorial Health Officials in coordinating and promoting tobacco prevention and control activities.
- Through an agreement with the World Health Organization, CDC serves as the only WHO Collaborating Center for Smoking and Health in the United States and as the catalyst for communication between all nine international WHO Collaborating Centers and the six WHO Regional Offices. CDC prepares and implements international and regional studies, as well as epidemiologic research, and provides health education and other assistance to help international organizations and other countries reduce tobacco use.

Prevalence of Cigarette Smoking Among U.S. Adults (1998) and Youths (1997)

State	Adults	Youths	State	Adults	Youths
Alabama	24.6	35.8	Montana	21.5	38.1
Alaska	26.1	n/a	Nebraska	22.0	n/a
Arizona	21.9	n/a	Nevada	30.4	29.4
Arkansas	25.9	43.2	New Hampshire	23.3	39.6*
California	19.2	26.6*	New Jersey	19.1	37.9*
Colorado	22.8	36.6*	New Mexico	22.6	n/a
Connecticut	21.2	35.2	New York	24.1	32.9
Delaware	24.4	35.0*	North Carolina	24.6	35.8*
District of Columbia	21.6	22.7	North Dakota	20.0	46.8*
Florida	22.0	33.6*	Ohio	26.1	34.5
Georgia	23.6	n/a	Oklahoma	23.9	n/a
Hawaii	19.5	29.2	Oregon	21.1	n/a
Idaho	20.3	n/a	Pennsylvania	23.8	n/a
Illinois	23.1	n/a	Rhode Island	22.6	35.4
Indiana	26.0	n/a	South Carolina	24.7	38.6
Iowa	23.4	37.5	South Dakota	27.2	44.0
Kansas	21.1	n/a	Tennessee	26.1	38.6*
Kentucky	30.8	47.0	Texas	21.9	n/a
Louisiana	25.5	36.4	Utah	14.2	16.4
Maine	22.4	39.2	Vermont	22.3	38.3
Maryland	22.4	n/a	Virginia	22.9	n/a
Massachusetts	20.9	34.4	Washington	21.4	n/a
Michigan	27.4	38.2	West Virginia	27.9	41.9
Minnesota	18.0	n/a	Wisconsin	23.4	36.0
Mississippi	24.1	31.3	Wyoming	22.8	37.4
Missouri	26.4	40.3	United States	22.9	36.4

n/a = Data not available.

*Unweighted data apply only to the students participating in the survey. For California, the survey excludes students from the Los Angeles Unified School District.

Sources: CDC, Behavioral Risk Factor Surveillance System (1998 data on persons aged 18 years or older who reported having smoked 100 or more cigarettes and who reported currently smoking every day or some day), and CDC, Youth Risk Behavior Surveillance System (1997 data on young people in grades 9–12 who reported smoking cigarettes on 1 or more of the 30 days preceding the survey).

For more information or additional copies of this document, please contact the
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